HWR-001 4/93 State of New Jersey
Department of Environmental Protection and Energy
Manifest Section
CN 421, 401 East State Street
Trenton, New Jersey 08625-0421

11-1-94

NJD 002 120 232

## "Request to Deactivate EPA ID Number"

EPA ID No. NJ	D.002160,810)			
Company Name:	PNEU-HYDRO PRODUCTS			
Site Address:	853 RICHARD MINE RD	(city / town)		
<b>2</b> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(street)	(city / town)		
my const	(state) (zip code)	(lot) (block)		
Mailing Address:	(street / p.o. box)	WHARTON		
200				
	(state)	(zip code)		
Company Contact:	J D Dampman	(area code and phone number)		
	(name)	(area code and phone name)		
Reasons for deactive	vating EPA ID No. (Check all approp	riate boxes.)		
The EPA ID	number was obtained for a one time	cleanup which is completed.		
The site has	completed an ECRA cleanup (indicat	e ECRA Case #).		
Other CHA	andie TO SMALL QUANTITY	GENERATUR		
-				
Is the site presently	y occupied? (circle yes or no)			
Sign and date the	application below, and retain the last	page (pink copy) for your records.		
Particular in the Control of the Con	neman day	(signature)		
Plant Man		7 oct 94		
(title) (date)				

Submission of false information is a violation of N.J.A.C. 7:26-5.6 and N.J.A.C. 7:26-7.3.

copies: White - Manifest Section Yellow - USEPA Region II

Pink - Applicant

11/18/94 1/R-1 N 10

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State of Now Jersey
Department of Sovironmental Protection and Energy
Manufest Section
CN 421, 401 East State Street
Trenton, New Jersey 15625-521

## "Request to Deactivate EPA ID Number"

		EPAID No. V.
		Company Name:
	(atests) (atests)	94 N 46
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	DESTRUCTIONS OF THE PARTY OF THE	RO I
		SE 20
		5 P
ECRA Case #	nu aber was obtained for a one time completed an ECRA cleanup (indicate	The site bas
	application below, and retain the last	Sign and date the
	AM records	
	NOV 1 - 1994	Submission of fall copies: White-Mani Yellow-USE

SEPA	NOTIFICATION OF HAZARDOUS WASTE ACTIV			
INSTALLA- TION'S EPA I.D. NO.		label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is		
I. STALLATION		complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted		
INSTALLA- TION II. MAILING ADDRESS	PLEASE PLACE LABEL IN THIS SPACE	label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer		
LOCATION III OF INSTAL- LATION		to the INSTRUCTIONS FOR FILING NOTIFI- CATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).		
FOR OFFICIAL U		Ration of the Control		
c C	COMMENTS	55		
INSTALLATION F NJ000	ZIGOSIO TIA STATE			
I. NAME OF INST	TALLATION 15 16 17 22			
P n e u - H	ydro Products Incorpo	rated		
THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IN COLUMN 2	ON MAILING ADDRESS	67		
\$\frac{c}{3} \ 3 \ 5 \ 3 \ R	STREET OR P.O. BOX			
3 3 5 3 R	ichard Mine Road	45		
<u> </u>	CITY OR TOWN ST			
15 16	- 40 41	J 0 7 8 8 5		
III. LOCATION O	F INSTALLATION  STREET OR ROUTE NUMBER	2015年1915年1915年1915年1915年1915年1915年1915年1		
5 Same	STREET OR ROUTE NUMBER			
15 16	CITY OR TOWN ST	ZIP CODE MOVVIS		
6	CITY OR TOWN ST	ZIP CODE 0 27		
IV. INSTALLATI	ON CONTACT	2 47 - 51		
	NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)		
2 J u n n o	Paavo Mgr of Mfg	201-366-5676		
V. OWNERSHIP	A STATE OF THE STA	45 46 - 48 49 - 51 52 - 95		
	A. NAME OF INSTALLATION'S LEGAL OWNE	R		
15 16	orporation	55		
enter the appropria				
F = FEDERAL M = NON-FED	ERAL M GENERATION	B. TRANSPORTATION (complete item VII)		
VII. MODE OF TH	RANSPORTATION (transporters only – enter "X" in the appro-	D. UNDERGROUND INJECTION		
A. AIR		OTHER (specify):		
	UBSEQUENT NOTIFICATION			
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification.  If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.				
X A. FIRST NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete item C)				
	N OF HAZARDOUS WASTES			
Please go to the rever	se of this form and provide the requested information.			

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I.D. - FOR OFFICIAL USE ONLY

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IX. DESCRIPTION OF I	HAZARDOUS WAST	ES (continued from f	ront)			
A. HAZARDOUS WASTES waste from non-specific	FROM NON-SPECIFIC	SOURCES. Enter the f	our-digit number from	40 CFR Part 261.31 fo	or each listed hazardous	
	2	411 March 3 (1) 14 14 15	4 1 4 1	5 200	6	
F 0 0 1	U 1 6 5	U 2 2 6				
F 0 0 L	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	,
7	8	9	10	11	12	Om
						TAC
B. HAZARDOUS WASTES specific industrial sources	FROM SPECIFIC SOUF	RCES. Enter the four—dies. Use additional sheets	git number from 40 CF if necessary.	R Part 261,32 for each	listed hazardous waste fi	om >
13	14	15	16	17	18	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	79.5
19	20	21	22	23	24	
23 - 26	23 - 26	23 25	28 28	23 - 26	30	HILL
25	26		Hill			
		23 26	23 26	23 - 26	23 - 26	
C. COMMERCIAL CHEMIC	AL PRODUCT HAZAR	DOUS WASTES. Enter	the four-digit number	from 40 CFR Part 261.	33 for each chemical sub	
stance your installation h	andles which may be a h	nazardous waste. Use add	ditional sheets if necessa	ary.		
31	32	33	34	35	36	
23 - 26	23 2 26	23 26	23 - 26	23 - 26	23 - 26	HE
37	38	39			HITH	
		23 26	23 - 26	23 - 26	23 ~ 26	
23 26	44	45	46	47	48	
23 - 26	23: 26	23 25	23 - 26	23 + 26	23 - 26	
D. LISTED INFECTIOUS V hospitals, medical and res	VASTES. Enter the four search laboratories your	-digit number from 40 installation handles. Use	CFR Part 261.34 for each additional sheets if necessity	ch listed hazardous was cessary.	te from hospitals, veterir	ary
49	50	51	52	53	54	19719
23 - 26	23 - 26	23 26	23 - 26	23 - 26	toristics of non-listed	
E. CHARACTERISTICS OF hazardous wastes your in	NON-LISTED HAZA stallation handles. (See	40 CFR Parts 261.21 —	261.24.)	esponding to the charac		
☐1. IGNITAI (1000)		2. CORROSIVE 002)	[D003]	CTIVE	X 4. TOXIC (D000)	
X. CERTIFICATION						
I certify under penalty attached documents, a I believe that the submitting false information	nd that based on my uitted information is	inquiry of those ind true, accurate, and c	lividuals immediately omplete. I am aware	responsible for obt	taining the information	n, c
SIGNATURE	~		ICIAL TITLE (type or		DATE SIGNED	
5 C	Dem	E.C.	BERN	PIES	5-9-8-	4
EPA Form 8700-12 (6-80)	REVERSE		YORK, N.Y. 10007.	NEM		

F001 spent halogenated 1,1,1-Trichloroghame degreasing solvent U165/U226 1,1,1-Trichloroethane naphtha mix

X726 metal working waste cutting oil (#gate code) C/ X726 metal working waste cutting oil water mix (state code)

REGIONAL HEARING CLERK